

NOTE THIS PAPER

Massachusetts Institute of Technology

Office of the Summer Session

APPLICATION FOR ADMISSION TO THE SPECIAL SUMMER PROGRAM

PROGRAM NUMBER _____ IN _____ HELD FROM _____ TO _____
NAME OF PROGRAM _____ DATE _____

After noting the general information regarding admission, living accommodations, method of payments, etc., comprising part of the descriptive folder issued for each individual Program, please fill out this application appropriately and return to the Office of the Summer Session, Room E19-356, M.I.T., Cambridge, Massachusetts 02139. Tel. (617) 864-6900, Ext. 2101. Please print or type.

1. NAME
FAMILY NAME _____ FIRST NAME _____ MIDDLE INITIAL _____
2. PLACE OF BIRTH _____ DATE OF BIRTH _____
MONTH _____ DAY _____ YEAR _____
3. HOME ADDRESS
NUMBER _____ STREET _____ CITY _____ STATE _____ ZIP CODE _____
4. BUSINESS ADDRESS _____ TEL. NO. _____
NAME OF COMPANY _____
NUMBER _____ STREET _____ CITY _____ STATE _____ ZIP CODE _____
5. ADDRESS FOR REPLY. PLEASE CHECK ONE: ☐ HOME ☐ BUSINESS
6. POSITION _____
7. ACADEMIC TRAINING
COLLEGES ATTENDED _____ DATES OF ATTENDANCE _____ MAJOR FIELD _____ DEGREES (IF ANY) _____

8. PROFESSIONAL EXPERIENCE (AT LEAST DURING LAST FIVE YEARS)
POSITION _____ COMPANY _____ LOCATION _____ DATES _____

9. PROFESSIONAL SOCIETY MEMBERSHIP _____
10. REASONS FOR DESIRING TO TAKE THE ABOVE-NAMED SPECIAL SUMMER PROGRAM:

11. M.I.T. DORMITORY ACCOMMODATIONS DESIRED FOR: ☐ MAN ☐ WOMAN ☐ HUSBAND AND WIFE ☐ NONE
Desired Accommodations for children should include information on age and sex.
DATE OF ARRIVAL _____ DATE OF DEPARTURE _____
12. SIGNATURE _____ DATE _____
13. Please indicate how this Special Summer Program came to your attention:
☐ ANNOUNCEMENT OF ALL SUMMER PROGRAMS ☐ PREVIOUS REGISTRANT ☐ PROFESSIONAL OR TRADE JOURNAL
☐ INDIVIDUAL PROGRAM FOLDER ☐ OTHER MEANS _____



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